

PART I

(Information on this page is completed by the troop leader.)

Written consent from parents is required once a year for regular meetings and each time activities take place outside of the scheduled meeting place, involve travel, or focus on sensitive or controversial topics. Troop leader completes the following as needed.

Troop Regular Meeting Day/Time _____

Location: _____

Troop _____ is planning a _____

_____ Date _____ Time _____

Location _____ Phone # (____) _____

Arrangements for transportation:

Time/place of departure _____

Time/place of return _____

Means of transportation _____

Leaders/Adults accompanying the girls:

Name(s) _____

Each girl will need:

Expenses _____

Equipment _____

Clothing _____

In case of emergency the leader will notify:

Name _____ Phone # (____) _____

(Parents complete next page and return to troop leader.)

Parent Permission Form

PART II

(Parent completes and returns this page to the troop leader)

Permission

I, the parent/guardian of _____, certify that, to the best of my knowledge, my daughter is in good health and able to participate in this Girl Scout event.

Special Accommodations

Are there any special physical accommodations needed for the participant? If so, what are they? (Please note if using additional paper and attach detailed information)

Are there any special dietary needs or food or other types of allergies that we need to be aware of for health and safety or for religious reasons? (Please note if using additional paper and attach detailed information.)

Emergency Notification

Please notify me in the event of an emergency. From the time my daughter (or ward) leaves until the time she returns home, I expect to be reachable as follows:

Name: _____ Relationship to participant: _____

Address: _____
Street City State Zip

Telephone Numbers: (____) _____ (____) _____
Home Business
(____) _____ (____) _____
Cell Evening/Night

E-mail: _____

Alternate Emergency Notification:

The following person is authorized to act in my behalf if I cannot be reached in the event of an emergency.

Name: _____ Relationship to participant: _____

Address: _____
Street City State Zip

Telephone Numbers: (____) _____ (____) _____
Home Business
(____) _____ (____) _____
Cell Evening/Night

Medication

If my daughter will need medication during this period of time, I will send the medication (prescription or over the counter) with her in the original container. I understand that it will be dispensed only under the specific **written** instructions of a physician. (If needed, attach written instructions with physician's signature.)

Parent/Guardian Signature

Date